

Plans Review & Inspections

City County Building 400 Main Street, Suite 505 P.O. Box 1631 Knoxville, TN 37901

Temporary Use	e Permit	App	lication
(0) (C(T(A)))			NAODESTRAGIANISS
Business Name			and the state of t
Street Address	3		
City, State, Zip	1		
Subdivision/Shopping Center	1		
CLT Zoning District	Email		
APPLICANIENTEORMANION	Appeleant r)	ec))ti/de
Name	Owner		Name
treet Address	Contractor		Primary Phone#
City, State, Zip	Tenant		Secondary #
Phone Number	Other		(describe):
AVEITE!	neniyyajene		
te(s) of Event	Setup Date/Hours		
ours of Event	Clean-Up Date/Hours		
e applicant of this permit does hereby covenant and agree to comply of the construct the proposed use in accordance with the plans and specification on this application, drawings, and specifications are to be reed by the applicant that any error, misstatement, or misrepresentations or cause a refusal of this application or any alternative or change in purpose of the temporary use permit shall constitute sufficient grounds to	cifications submore the best of the ion of the fact, enders	itted hei ieir know either wi	rewith, and certify that the information and rledge, true and correct. It is understood and th or without intention on his part, such as might, if

DATE

APPLICANT'S SIGNATURE

OWNER AUTHORIZATION FORM

It is requested that a Temporary Use Permit application be accepted by the Plans Review and
Inspections Division of the City of Knoxville for property generally located at:
(e.g. northeast corner of Kroger parking lot at 85th Ave. & Mountain View Road)
Tax Parcel Number
Address (if applicable)
Said property is owned by:
I hereby certify that the above information and information submitted as part of the requested application is correct, and that I am authorized to file an application on said property, being either the owner of record or authorized by the owner. (If not owner of record, attach written authorization from owner.)
Owner's Name Date
Owner's Signature Date